SEC 1972

(6/99)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

PROCESSE!

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden hours per response... 1

THOMSON FINANCIAL

02059732

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC	USE ONLY
Prefix	Serial
DAT	E RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Meta Matrix Inc. Series E Convertible Preferred Stock							
Filing Under (Check box(es) that apply):	[] Rule 504	[] Rule 505	[X] Rule 506	[] Section 4(6)	[]ULOE		

Type of Filing: [X] New Filing [] Amendment

CR

	A. BASIC IDENTIFICATION D	ATA
1. Enter the information req	uested about the issuer	***************************************
Name of Issuer (check if the	is is an amendment and name has	changed, and indicate change.)
Address of Executive Office Telephone Number (Include	es (Number and Street, City, S ling Area Code) 212-209-7100	State, Zip Code) MetaMatrix Inc., 80 Broad Street New York, New York 10004
Address of Principal Busine Telephone Number (Includ (if different from Executive		∍t, City, State, Zip Code)
Brief Description of Busines data sources and manager	ss Developing infrastructure softwa nent of information.	are for the integration of multiple
Type of Business Organiza	tion	***************************************
[X] corporation	[] limited partnership, alrea	ady formed [] other (please specify):
[] business trust	[] limited partnership, to be	e formed
	M	Nonth Year
		08]] [98] [X] Actual [] Estimated U.S. Postal Service abbreviation for State: or other foreign jurisdiction) [D] [E]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

***************************************					***************************************
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[X] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	l) Chambadal, F	Philippe	***************************************	***************************************
Business or Resider 80 Broad Street, NY	•	ber and Street, (City, State, Zip Code) c/o MetaMatrix	Inc.
Check Box(es) that Apply:	[] Promoter [X	Beneficial Owner	[X] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	l) Lang, Michae			······································
Business or Residen 80 Broad Street, NY	•	ber and Street, 0	City, State, Zip Code) c/o MetaMatrix	Inc.
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[X] Executive Officer	[X] Director []	General and/or Managing Partner

Full Name (Last nan	ne first, if individua	al) Rhodes, Dan	yl					
Business or Resider 11477 Olde Cabin R				State, Zip Code)	c/o	MetaMat	rix	Inc.
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	al) Al-Aiban, Bad	lr	***************************************	************	***************************************	********	
Business or Resider Inc., P.O. Box 6782,			City,	State, Zip Code)	c/o	Raya Ho	ldir	ngs,
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	al) Lane, Raymo	ond		***********	······································		······································
Business or Resider Caufield & Byers, 75					c/o	Kleiner, F	Per	kins,
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	al) Curtin, Nancy	y		**********	***************************************		
Business or Residen Partners, 1301 Aven					c/o	Internet F	Fina	ance
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	il) Gooch, Micke	еу			······································	******	••••
Business or Residen Wall Street, 4 th Floor			City,	State, Zip Code)	c/o	N-Two LI	_C,	100
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	ıl) Anderson, Ste	eve	······	······································		•••••	······
Business or Residen Caufield & Byers, 75					c/o	Kleiner, F	Per	kins,
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing

					Partner
Full Name (Last nan	ne first, if individual)	Amouyal, Pł	nilippe	•••••	······································
Business or Resider Limited, 135 East 57	nce Address (Numb th Street, 30 th Floor	er and Street , New York, N	, City, State, Zip Code IY 10022	e) c/o The Invus G	Group
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last nan	ne first, if individual)	Debbanne, F	Raymond	······	······································
Business or Resider Limited, 135 East 57	nce Address (Numb	er and Street , New York, N	, City, State, Zip Code IY 10022	e) c/o The Invus G	Group
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer		General and/or Managing Partner
Full Name (Last nam	ne first, if individual)	KPCB Holdi	ngs, Inc.		
Business or Resider Caufield & Byers, 75			, City, State, Zip Code A 94025	e) c/o Kleiner, Per	kins,
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer		General and/or Managing Partner
Full Name (Last nam	ne first, if individual)	Artal Service	es N.V.		······
Business or Residen Limited, 135 East 57			, City, State, Zip Code Y 10022	e) c/o The Invus G	roup
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer		General and/or Managing Partner
Full Name (Last nam	ne first, if individual)	Marzec, Mar	C	······	······································
Business or Residen 80 Broad Street, Nev		er and Street	, City, State, Zip Code	e) c/o MetaMatrix l	nc.
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer		General and/or Managing Partner
Full Name (Last nam	ne first if individual)	New Media (Capital Ventures I. LL		***************************************

Business or Residen Suite 410, New York	•	er and Street, Ci	ty, State, Zip Code)	575 Lexington	Ave.,
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individual)	N-Two LLC			000000000000000000000000000000000000000
Business or Residen Floor, New York, NY		er and Street, Ci	ty, State, Zip Code)	100 Wall Street	:, 4 th
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	e first, if individual)	Avesta Technol	ogies, Inc.		······································
Business or Residen Rockville, MD 20850	•	er and Street, Ci	ty, State, Zip Code)	2092 Gaither R	oad,
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	e first, if individual)	Raya Holdings,	Inc.	······································	······································
Business or Residen Jeddah 21452, Saud		er and Street, Ci	ty, State, Zip Code)	P.O. Box 6782,	
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	e first, if individual)	Internet Finance	e Partners, LP		······································
Business or Residen Americas, New York		er and Street, Ci	ty, State, Zip Code)	1301 Avenue o	f the
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	e first, if individual)	Allen & Compar	ny Incorporated	······································	······································
Business or Residen York, NY 10022	ce Address (Numb	er and Street, Ci	ty, State, Zip Code)	711 Fifth Ave.,	New
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Business or Residen York, NY 10022 Check Box(es) that	ce Address (Numb	er and Street, Ci	ty, State, Zip Code)		General and/ Managing

Full Name (Last name first, if individual) Angel (Q) Investors II, LP

Business or Resider 650 Page Mill Road,			City, State, Zip Code) c/o Casey McG	Slynn,
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individual)	BOME Investo	ors II, LLC		**************************************
Business or Residen Associates, Inc., 800) c/o Gateway	20000000000000000000000000000000000000
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individual)	EDB Ventures	PTE Ltd	······	······································
Business or Residen Road #27-04, Raffle			City, State, Zip Code) 250 North Bridg	ge
(Use blank sh	eet, or copy and ι	ise additional	copies of this shee	t, as necessary	.)
	B. INFOR	MATION ABOU	JT OFFERING		···········
1. Has the issuer sol offering?	d, or does the issue	er intend to sell,	, to non-accredited ir	nvestors in this	Yes No [] [X]
		• •	umn 2, if filing under		
2. What is the minim	um investment that	will be accepte	ed from any individua	1?	\$ <u>41,749.94</u>
3. Does the offering	permit joint owners	hip of a single ι	ınit?		Yes No [X][]
4. Enter the informat directly or indirectly, connection with sales person or agent of a the name of the brok persons of such a bronly.	any commission or s of securities in the broker or dealer re er or dealer. If more	similar remune e offering. If a p gistered with th e than five (5) p	eration for solicitation erson to be listed is e SEC and/or with a persons to be listed a	of purchasers in an associated state or states, I are associated	ist
Full Name (Last nam	e first, if individual)				······································
Business or Residen	ce Address (Numb	er and Street, 0	City, State, Zip Code)		······································
Name of Associated	Broker or Dealer				
States in Which Pers (Check "All States"					All States

**** •

[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full N	ame (La	st name	first, if i	ndividua	ıl)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	City, State	e, Zip Co	de)	***************************************		
Name	of Asso	ciated B	roker or	Dealer		***************************************	•	······································	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	
					licited or			t Purchas	sers	[] All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
					[01]		[1,1]					
Full N	ame (La	st name	first, if i	ndividua	l)	***************************************			***************************************		***************************************	
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	ity, State	e, Zip Co	de)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
Name	of Asso	ciated B	roker or	Dealer								
								Purchas	ers	_		
(Chec	k "All i	States"	or chec	k indivi	idual Sta	ates)				[] All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
((Use bla	nk shee	et, or co	py and	use add	litional	copies o	f this sh	eet, as r	necessar	у.)	
C. (OFFERI	NG PRI	CE, NUN	/BER O	F INVES	STORS,	EXPENS	ES AND	USE OF	PROCE	EDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.												
						nt Already Sold						

EquitySeries E Preferred	\$ <u>11,001,499.92</u>	\$ <u>10,999,999.92</u>
[] Common [] Preferred		
Convertible Securities (including warrants) .warrants & options*	\$ 1,730,000.00	\$_1,730,000.00
Partnership Interests	\$	\$
Other (Specify"milestone warrants"**).	\$ 3,000,000.00	\$ 0
Total	\$ <u>15,731,499.92</u>	\$ <u>12,729,999.92</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
*This amount includes (i) options issued to an investor to purchase up to 4,919,359 shares of non-voting common stock of the Company at an exercise price of \$0.168314624 per share and (ii) warrants issued to founders of the Company to purchase up to 8,200,000 shares of voting common stock of the Company at an exercise price of \$0.11 per share. ** This amount includes warrants which may be issued to existing stockholders, optionholders and warrantholders of the Company in July, 2003 to purchase up to 17,823,763 shares of voting common stock of the Company at an exercise price of \$0.168314624 if the Company meets certain milestones (the "Milestone Warrants").		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	13***	\$12,729,999.92
Non-accredited Investors	0	\$
Non-accredited investors	0	
Total (for filings under Rule 504 only)		\$
		\$
Total (for filings under Rule 504 only)		\$
Total (for filings under Rule 504 only)		\$
Total (for filings under Rule 504 only)	Type of Security	Dollar Amount Sold \$\$

٠.

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees		[X] \$_	0
Printing and Engraving Costs	•••••	[X] \$_	0
Legal Fees		[X] \$_	400,000_
Accounting Fees		[X] \$_	00
Engineering Fees	·····	[X] \$ _	0
Sales Commissions (specify finders' fees separately)		[X] \$_	0
Other Expenses (identify)		[X] \$_	0
Total		[X] \$_	400.000_
used or proposed to be used for each of the purposes shown. If the amour for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjuste gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	d	s to	
	Directors Affiliates	Ot	yments To hers
Salaries and fees	[X] \$ <u> </u>		0
Purchase of real estate	[X] \$0	[X] \$_	0
Purchase, rental or leasing and installation of machinery and equipment	[X] \$ 0	[X] \$	0
Construction or leasing of plant buildings and facilities	[X] \$0	[X] \$_	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[X] \$ <u> </u>	[X] \$_	0
Repayment of indebtedness	[X] \$0	[X] \$_	0
Working capital	[X] \$ <u> </u>	[X] \$1	0,601,499.92
Other (specify):	[]	[]	

	Ψ		
	[] \$	[]\$	
Column Totals	[] \$	[]\$	
Total Payments Listed (column totals added)	<u> </u>] \$10,601,499.92	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature Date,
MetaMatrix Inc.	(1 9/30/02
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Philippe Chambadal	CEU

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)